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COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)
As a below named inventor, I hereby declare that:
TYPE OF DECLARATION This declaration is of the following type: (check one applicable item below)
☑ original
NOTE: if the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check any of next two items and check appropriate one of at last three items.
■ national stage of PCT □ supplemental
NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP
☐ divisional ☐ continuation ☐ continuation-in-part
INVENTORSHIP IDENTIFICATION
WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted)  My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is according to the inventor which a patent is according to the inventor which is claimed and for
which a patent is sought on the invention entitled:
TITLE OF INVENTION
"BED"
SPECIFICATION IDENTIFICATION the specification of which: (complete (a), (b) or (c))
(a) E is attached hereto.
(b) ☐ was filed on as ☐ Serial No as ☐ Serial No
or   Express Mail No., as Serial No. not yet known (if applicable).
·

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter or encompassed in the statement of invention or claims. See 37 CFR 1.67.

ACK	NOWLEDGEMENT O	of as amended under PCT Art  F REVIEW OF PAPERS A	ND DUTY OF CAN	
I acknow	vledge the duty to discl	and understand the contents of any amendment referred to about ose information which is no , Code of Federal Regulation	ve.	
	•	attached an information disclo		1 97
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designating at matter having a discount of the matter discount o	least one country other the filing date before that of applications have been filed	as follows.	PCT international action PCT international action PCT international action PCT	application(s) same subject
EARLIES (6 I	T FOREIGN APPLICA MONTHS FOR DESIG	ATION(S), IF ANY FILED N) PRIOR TO THIS U.S. A	WITHIN 12 MONTI APPLICATION	HS
COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITYCLAIMED UNDER 37 USC 119	
ITALY	VR2004A000025	FEBRUARY 25, 2004	▼ YES □	NO
WIPO	PCT/EP2005/001621	FEBRUARY 17, 2005	<b>⋉</b> YES □	NO
	<u> </u>		☐ YES ☐	NO
			☐ YES ☐	NO
			☐ YES ☐	NO
ALL F(	OREIGN APPLICATIO 6 MONTHS FOR DESI	ON(S), IF ANY FILED MO GN) PRIOR TO THIS U.S	RE THAN 12 MONT APPLICATION	THS

## **POWER OF ATTORNEY**

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and Registration number)

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(Reg. No. 36,625)

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## **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of any patent issued thereon.

## **SIGNATURE(S)**

Full name of sole or fi	rst inventor: Alberto VALLI
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Full name of second o	r joint inventor, if any:
Inventor's signature:	
Date :	Country of Citizenship:
Residence:	
Post Office Address:	
Full name of third or j	oint inventor, if any:
Inventor's signature:	
Date :	
Residence:	
Post Office Address:	

(Declaration and Power of Attorney [1-1] - page 3 of 4)

## CHECK PROPER BOX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S) FORM A PART OF THIS DECLARATION Signature for third and subsequent joint inventors. Number of pages added Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added \*\*\* Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added \*\*\* If no further pages form a part of this Declaration then end this Declaration with this page and check the following item. This declaration ends with this page.